The Canadian Nurse

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AN ADDRESS.*

PRESIDENT AND LADIES:—

This is the second time that you have done me the honor of asking me to speak to you. For, as some of you may remember, four years ago I made my official introduction to your Association. Since that time I have come to know you better, to know many more of you personally, I have become familiar with your Association, its doings and its difficulties, and so have come more thoroughly to appreciate it. I am glad to know that it not only exists, but continues to flourish. Already it has justified its existence.

I feel that your Association accomplishes much good for the nursing profession in this city. It binds together and unifies the graduates of our different Nursing Schools. With it and its work I shall always have great sympathy. Let me thank you again, as I did four years ago, for the honor and the pleasure of again meeting you.

You all remember the late Dr. Craik, and how good a friend he was in the early days of our Montreal Training Schools. His various addresses—and, as you remember, he was an excellent speaker—have lately been bound together, and, in book form, distributed to the profession by his sister-in-law, Miss Simmers. I have been reading lately some of these addresses, and among them are the following: "Address at the Formal Inauguration of the General Hospital Training School for Nurses," December 11th, 1890—only seventeen years ago; "Address at the First Graduation of Nurses, the Royal Victoria Hospital," April 28th, 1896—only eleven years ago; "Address at the Meeting of the Victorian Order of Nurses, Montreal," April 21st, 1897—only ten years ago.

I have read these addresses, and excellent they are—wise, encouraging and sympathethic.

And so our oldest Training School in Montreal, indeed I may say in Canada, is only seventeen years old. It impresses me very much to see all that has been accomplished in those seventeen years. The nursing profession is only a mere youth—a mere stripling;

*Delivered at the December meeting of the Canadian Nurses' Association in Montreal.

and yet it has had a very busy childhood—a precocious individual from the first, it already has accomplished much. Only a youth, it has all the years, the long, useful years of a middle life to look forward to. May it never grow old!

Your own Association is, I understand, twelve years old, and Miss Rogers was your first President. In those twelve years your Association has come to be the official head of the Nursing profession in this city. As I understand it, any nurse of good standing, a graduate of any recognized Training School, may become a member. In this way, in the broadest and, therefore, the truest sense, you are representative and cosmopolitan. Nothing is ever gained by an Association or a Training School being narrow, parochial or exclusive. Such a community soon becomes in enterprise, old-fashioned, obsolete; its methods become stereotyped, it gets into a rut. No, take in all worthy representatives of all Training Schools, imbibe with them fresh ideas, and so incorporate with yourselves new vigor and new life. May your Association continue to flourish!

May I remind you that in my last paper read before your Association four years ago I took up and discussed the following subjects:

1. Abdominal Section—the preparatory and after treatment.
2. The administration and uses of the vaginal douche.
3. The Weir-Mitchell treatment of chronic neurasthenia.

There have been, as you are aware, Nurses, no very great changes in the nursing care of our patients during these four years. "The new perishes, the old endures," is here also true. The treatment to-day is much the same as it was then. A few details have changed, some new measures have been introduced, and it is of these that I wish first to speak.

First, then, Abdominal Section. In the preparatory treatment there is practically nothing new. We prepare the skin in much the same way as before. But in the after-treatment of abdominal cases there have emerged during the last few years—gradually emerged—two main points of difference. In other words, in two directions we are departing from the old, classic treatment of our abdominal cases. These two points are: (*a*) a shortening of the time in which the patient is kept in bed after abdominal section; (*b*) the passing of the old so-called nutrient enema.

(*a*) The time in which a patient is kept in bed. You remember that after an ordinary abdominal section, where the wound has healed by first intention, it has always been customary to keep the patient lying in bed for 21 days. The main idea was always to ensure a firm union of the abdominal incision. This was considered essential in the days when a single set of through-and-through sutures were employed. With the almost universal employment of the stage suture—by that I mean the use of buried layer sutures, one layer closing the peritoneum and one layer the deep fascia, it has come to be generally known and believed that a wound thus

closed, and which heals by first intention, is practically as strong as ever in eight or ten days after the operation. In other words, this means that the moment the great tenderness in and about the wound subsides, and as soon as all danger of wound infection is past, as far as the wound itself is concerned, the patient may be at once allowed out of bed. This means she gets up on the eighth or tenth day, and is walking about a few days later. The leaders in this movement of shortening the quiescent stage in this after-treatment are Boldt, of New York, and Ries, of Chicago. In many cases they allow their patients to sit up in a chair on the third or fourth day after the operation. They claim that by so doing the following advantages are secured for the patient: There is less nausea and vomiting, less abdominal distension and easier action of the bowels; there is less liability to bronchial, pulmonary and circulatory troubles; there is better assimilation of food and less weakening of the general condition. Between them they cite about a thousand cases with no untoward result. The general feeling among surgeons, however, is that two or three days is too short a time, and that the wiser course is to keep patients in bed for some ten or twelve days. With this opinion I concur. I think the wise position in the matter is this: Suture the abdominal wall carefully, layer by layer; for the skin use a subcutaneous, continuous suture of catgut —in this way there are no skin sutures whatever to drag upon the dressing and afterward to be removed. (In former days I used to find often that the one thing the patients dreaded most was the removal of the suture stitches. With the adoption of the subcutaneous suture the stitch has never to be touched.) Allow the patient up on the tenth or twelfth day if her convalescence has been smooth and uncomplicated.

(*b*) The passing of the enema. In the ordinary after-treatment of abdominal sections I no longer use the nutrient enema. The normal salt solution (a teaspoonful of salt to a pint of water) has, in my practice, entirely taken its place. It has become with me almost a routine to give ten or twelve ounces—half a pint—of this salt solution with half an ounce of brandy as an enema to be retained, every six or eight hours for the first few days of the convalescence. While this is not done in every case, wherever there is much post-anæsthetic nausea and vomiting, great thirst and abdominal distension, heart weakness or collapse, these saline enemata are invariably given. They are absorbed quickly from the bowel and the results are excellent. For the first few days it is fluid that the patient wants and not food. With the old nutrient enemata we attempted to give food. In long wasting diseases, of course, these nutrient enemata have a distinct place and use; but in the relieving of thirst and of shock, in restoring the circulation to its equilibrium, the saline enemata are in every way more advantageous. In addition, this saline enema affords an easy way of giving a sedative or hypnotic where it is undesirable to use morphia. Thirty grains of

bromide of ammonia added to the enema that is given at night will often ensure for the patient a great amelioration of her nervousness and discomfort.

In the use of the vaginal douche there is nothing new to add. I would only again remind you of two things—of the two objects for which vaginal douches are commonly employed. First is the cleansing douche, where the aim is merely to cleanse the vagina; here a hot douche should never be used, but only a warm one, preferably at 100 F. Second, the douche employed to allay inflammation or to reduce inflammatory deposit. Here the douche solution must always be hot, 115 F. to 120 F., for heat is the great consideration. The hips should always be raised higher than the shoulders in order that the vaginal walls may be distended by the fluid. The object is to apply a hot liquid poultice to the nearest neighborhood of the inflamed organs, usually the ovaries and tubes.

The only change that I have noticed in the employment of the vaginal douche has been the introduction of some new medication. Of all these glyco-thymoline is the one perhaps which has the greatest vogue. It is useful in catarrhal conditions, one tablespoonful to the half-pint; but while it is elegant, it is also not cheap. So much for the vaginal douche.

The Weir-Mitchell treatment, with the use of electricity and massage, has steadily gained in favor. It has come to be very generally employed in all cases, not only of neurasthenia and of nervous prostration, but wherever the general nutrition of the patient is, for any reason, below par. The whole object of the treatment is, of course, to increase, to improve, the patient's general nutrition. Massage and electricity mean in one word exercise—passive exercise. And exercise, as you know, means a better circulation, a relief of visceral congestion, and a quickening and stimulation of the general functions within the body. So, massage and electricity mean exercise. There is, I take it, no hidden or occult virtue whatever in electricity; and of the two massage, to my mind, is much the more potent agent in relieving these conditions of depressed vitality. This treatment is, after all, Nurses, much more scientific than the mere exhibition of drugs. I think we can truthfully say that drugs of all kinds are coming to be less and less employed, and that the trend of medical thought is distinctly away from drug administration. Rather do we trust to rest of body and mind, hygienic surroundings, judicious feeding and passive exercise, which is, after all, but other terms to express the one word "nursing." We are coming then to depend more and more upon the nurse. This, I suppose, will be good news to you. You all remember Mark Twain's remark upon Nursing. He was speaking of Christian Science, and he found occasion to say the following: "If the Christian Scientists had only a little more Science and the doctors had only a little more Christianity it wouldn't matter to the patient which one he employed, provided he had a good nurse."

So much then, Nurses, for a very hasty review of the changes that have taken place during the last four years in the three subjects above enumerated. As you see, the changes are few and comparatively non-essential. The treatment is to-day practically what it was four years ago, and again is justified the old saying of Ribot's, "The new perishes, the old endures."

What I wish specially to mention to you to-night is the question of uterine cancer, making special reference to the matter of its early, its timely, recognition. During the last two years, throughout the whole civilized world there has been a movement afoot to educate the doctors, nurses, midwives, and even the laity itself, in the early recognition of this dread disease. For dread disease it certainly is when we read that in England and Wales alone four thousand women die of cancer of the uterus each year. And that of all cases of cancer, only 5 per cent., *i.e.*, five out of every hundred, seek medical aid in time. To put it again in another way, of every hundred women who have uterine cancer, 95 of them do not ask for help until all possibility of rendering to them permanent help has gone by. In America, Simpson makes the statement that out of every 28 women who pass the age of thirty one will be the victim of uterine cancer. It almost seems from these statistics as if cancer were on the increase. It is quite possible that it is so, and all the more need then that we be on our guard against it. For, dread as is the name cancer, and fatal as the disease invariably is, yet at the same time, if recognized at an early stage, it is curable. It is at first, as you know, only a localized lesion, often a small ulcer, appearing usually at the mouth of the womb. And if only at this time it be recognized by the patient's physician or nurse the life of that woman can be saved. And this brings me to the question of the early symptoms of cancer of the uterus. How are we to recognize the condition? By what signs does it first make itself evident? It is these signs that I wish to impress upon you, for it is in your hands often that the responsibility rests. The woman confides in you more readily oftentimes, and naturally so, than in her physician; and if you are on your guard, and familiar with the early danger signals of this disease, you may in the truest sense be your brother's keeper. First, let me make a general statement, which I wish you always to keep in mind, and it is this: Any woman who has passed the change of life—by that I mean where her normal menstruation has for some months or years ceased, and who informs you that the menstruation has returned (she often laughingly, or almost boastingly, informs you of this fact, claiming that she has renewed her youth, that she is becoming young again)—I say, anyone who informs you of a blood-loss from the vagina after a period of amenorrhœa, at the time of the menopause, treat it as a very serious matter. Question her closely, and if a recurrence of hæmorrhage should take place, simply insist that she seek the advice of her physician. By doing this only will you be doing your

duty. By doing this you will save lives. It is still, unfortunately, the common history of many of the cases of uterine cancer that we see that for six months, a year, or even longer, the woman, after reaching the change of life, has been having discharges of blood from the vagina. She has told no one usually. She may have told her nurse, and, alas! even her physician. Little has been made of the matter, no examination has been carried out, some drug or other given, and the patient lulled into a false security, while the days, the weeks, and months go by, and the opportunity of help diminishes, and finally escapes entirely.

I wish then, Nurses, to draw your attention to the three chief signs of early uterine cancer. I am speaking now of women who are at or past the climacteric. For it is at that time that cancer is most likely to manifest itself. The most suspicious sign is, as I have intimated, hæmorrhage—irregular hæmorrhage, often small in amount, often bright red and occurring irregularly. Let this sign make you always very suspicious. Let this sign make you always insist that a careful vaginal examination be made by the woman's physician.

The next most important early sign is a leucorrhœa. By that I mean any discharge other than blood. Frequently it is thin, watery, meat-watery, as it is called, being slightly blood-stained. Sometimes it is brownish, and sometimes yellow. Any persistence of such discharges in a woman, especially after the menopause, should make you again suspicious of the presence of early cancer.

The third sign, and the least important, is pain. Unfortunately, when the woman begins to complain of pain the condition is usually past surgical help. There are, sadly enough, some cases where cancer of the uterus gives rise to neither hæmorrhage nor leucorrhœa, where its presence gives no sign till, by its invasion of the surrounding tissue, it occasions pain by nerve pressure; and by this time, so wide has been its spread, complete removal is impossible.

So I do not ask you to rely at all upon the symptom of pain. Do not wait for it. Hold in your minds the two signs that I have spoken of: hæmorrhages, irregular hæmorrhages, and persistent leucorrhœal discharges. Whenever in your practice you meet women who speak to you of these things, treat the condition as being possibly very serious, and insist that they seek medical advice. In this way, Nurses, you will be missionaries in the best and truest sense. As you are aware, it is the woman who has had a number of children who is the most likely to suffer from uterine cancer; and it is just this woman, this mother, whose life is of all lives in the community the most valuable; and it is this life that you may be instrumental in saving.

This, Nurses, is my chief message to you this evening. As I have told you, it is the message that during the last year has been prominent in both Europe and America. In some countries pamphlets have been written wherein these early symptoms of uterine

cancer are enunciated and emphasized, and these pamphlets have been distributed to every adult woman in the country. In Canada no new measures have been taken beyond the fact that the teachers in our universities and in our hospitals have redoubled their emphasis of the condition. More forcibly than ever have they driven in upon the students the necessity of being always suspicious of such signs as these. And this is my excuse for presenting the subject to you, for asking your help, your co-operation in the matter. The chief satisfaction, after all, to the doctor or to the nurse is to save life, that is, should always be, his or her chief remuneration. In no disease of which I am aware is there a greater chance for the nurse to save lives.

In conclusion, I shall speak to you a little of yourselves as nurses, and in so doing I shall quote largely from the pages of what I wrote four years ago. So much of it will seem very old to you, and yet in my opinion it is, if only for that reason, doubly true.

In the first place, I wish to congratulate you on the progress that your profession, the nursing profession, is making, not only in this city, but in all this Canada of ours. Not only is it growing in usefulness, but is also coming year by year to gain the esteem, the respect, and even the affection, of the great lay community—the world in which we live. I speak only of what I have seen. And the seven years I have spent in Montreal have shown me in a wonderful way this progress. The average household no longer shudders and draws back at the mention of the words "trained nurse." And yet only some few years ago that was the experience that I often met. Now, on the other hand, the trained nurse is the first one to appeal to at the onset of trouble or of sickness. The anxious mother turns to the doctor with the words, "I'll send for Nurse So-and-so. I know her. She is one of the right sort—a great friend of mine. I have every confidence in her." Not infrequently she goes a step further and adds, "I have more faith in her than in all the medical profession put together." Not a very flattering statement to the family practitioner, but one, nevertheless, that is true. I say again that this progress of yours in the community has been most marked, most auspicious; and this progress you owe largely to yourselves. It is the influence of each separate one of you that makes the aggregate influence; and this same influence will grow, be further extended, only by individual effort. It is yourselves as individuals that chiefly make for the general good of your profession. And so it is to yourselves as individuals, to the education and the development of your personal lives, each one for herself, that further advance, a higher life and usefulness will be due. I mean this in a very general sense. I mean that each individual nurse shall educate herself, not only as a nurse, but as a useful citizen in the community in which she lives. She shall know many things beside nursing and be interested in them; and she shall take good care that the severe training and the hard work entailed by her profession shall not kill within her the ordinary interests and sympathies of every-

day life. So shall she be not only a good nurse, but an interesting and a helpful companion. Knowing life, as she must, from its height to its depth, and much of it, as you know, is depth, she shall be wise, and so shall become the giver of much wisdom. It is along these lines that the nursing profession shall advance. And, therefore, I say to you—take care of your own lives. Make them broad, interesting, charitable and sympathetic.

This is a great vineyard, this world of ours, in which we, the nurses and doctors, work. Our profession is a great profession, the greatest, I verily believe—great as humanity itself. For not only do we stand at the threshold of this great life of ours to welcome the new-born over its border, but we serve also at the dark nether gateway of death. Within our arms, dependent upon our strength, mankind enters this world and also leaves it. Ours is the care at the beginning and at the end. And, moreover, with all the ills that flesh is heir to, the suffering of the three score years and ten, with all the sickness and discouragement, the failing health, the broken spirit, for these all are as the sparks fly upward, with all these we have to deal, with all these our lives are lived. And sooner or later all men come to us, the strong and the weak, the rich and the poor, and very often it is the poor, the famous and the forgotten: for have not all our fathers eaten of sour grapes?

So this, our profession, is a great one—an exacting one. And we do well often to remember this and to stop for a time or two to rest and think, in order that we be not submerged in the exacting routine of our daily lives. And you all know that routine—the tiring round of duties, petty often and commonplace, with the patient ungrateful, domineering or querulous; with the perpetual ministrations, many of them disagreeable; with the continual worry and responsibility; and the broken sleep, and the tired back, and the tired feet, the tired head and the tired heart. These often make up the picture of our daily lives, and this is why we ought to capture an hour or two for ourselves from time to time—an hour or two of quiet and of absolute change, of complete rest wherein to let the worry and turmoil of our life slacken and die down, the dust of it all settle, so that we can forget it, can reach out beyond it, and see more clearly the wider horizon of our profession; can realize more nearly its higher ideals, its promise and its possibilities. And during this hour we get renewed from music, from books, or whatever we like best. Peradventure it is only sunshine upon the grass or the play of the wind among the trees that brings the solace to the tired soul. But some of these things it must be in order that we become renewed—renewed even as the eagle. So do we become encouraged, refreshed and inspired with the higher meaning of all the service that we do. So do we come to feel its higher recompense, which is to know that in this life of ours we are in a true and noble sense our brother's keeper. For we are, or ought to be, healers—healers of the sick.

W. W. CHIPMAN.

Montreal.

[The Training School of Toronto General Hospital is probably the oldest in Canada. Founded 1881.]

THE NURSE—I.

Having had three years' training in an up-to-date hospital, where not only the clinical branches and practical duties are taught, but instruction is also given in household economics, dietetics, cooking, anatomy, physiology, hygiene, massage and pharmacology, and having passed successfully the examinations, a woman of ordinary ability, possessing tact, good judgment, ready wit, and self-control, is well equipped for her work.

It requires a very competent nurse to do private duty successfully, and there is no limit to the good that such a woman can do. She must be kind, charitable and firm, with a large stock of patience. Patience combined with a fine tact and skill will enable her to do for the patients what is best, even against their will, knowing and understanding how to manage the most irritable, and often unreasonable.

In that admirable book of Isabel Hampton Robb's, "Nursing Ethics," she utters words which may with equal force be applied to all: "Few realize how much their own personality, their own manner, is to figure in the making or marring of their work. Voice, manner, touch, step—all these tend to success or failure. A well-modulated voice is a power in itself to soothe, comfort or command. The touch should impart a sense of skill, gentleness, sympathy and carefulness."

The nurse must be watchful and orderly, moderate in speech, both in kind and in quantity.

For a nurse to keep her own counsel is one of the first laws of the profession.

Gossip may be forgiven in anyone except a nurse. Secrets discovered in the sick room are as sacred as the confessional.

It should never be said of a nurse that she fails to give satisfaction in her social manners—in other words, that she is ill-bred.

Whilst she cannot dictate the manner of other people towards herself, she can control her own bearing towards them.

The necessity of nursing integrity must be emphasized.

The ability of the private nurse in carrying out the physician's orders, her keenness of observation, her accuracy in repeating facts of the case, all tend to increase the value of her services.

When she enters a home she must not only look after the sick as a nurse, but she is also responsible for their hygienic care, especially if it is an infectious case. She must instruct the family and members of the home, so that other members of the family may not through ignorance contract the disease. She must teach home sanitation, hygiene, the personal laws of health, the true meaning of cleanliness, and the prevention of disease. This will help to bring better homes and better conditions of life.

The modern woman knows very little about the care of the child

in health or disease, and often is quite resigned to assign her duties to the nursemaid. Let it be the mission of the nurse to enlighten her as to her child's welfare, morally and physically. And here is the opportunity to do some preventive work, some constructive work.

If the nurse is to keep pace with the improvements in nursing she must form habits of study and continue to educate herself, thus avoiding any retrogression in her work. She should take the journals of her profession, and not only read, but contribute to, them.

The nurse should identify herself with the Alumnæ Association of her training school, which association should include in its membership all graduates now living, who should delight in doing what is in their power for the welfare and advancement of their alma mater.

Let the nurse doing private duty be ambitious to excel in loyalty to the old hospital and training school.

There is no higher form of service in the profession of nursing than that of the private nurse. To her is committed the personal care of the sick; her presence makes for their comfort in the home of the poor or the palace of the rich. Her effort is to assist both and lighten their burdens.

The profession of nursing should not be looked upon as a trade to be pursued solely with a view to getting a living—a most deplorable feature of this commercial day—but as a privilege and an opportunity to minister to the suffering and to help every philanthropic enterprise. As the nurse grows older in the work she will realize that the mere care of the patient is the least part of the work compared with what she can do and ought to do towards making conditions that cause pain and sickness and all manner of suffering less possible. She must not rest satisfied with mere treatment, but direct her best energy towards prevention.

G. A. Hodgson.

THE NURSE—II.

In the days of our forefathers, the ground was plowed with a wooden plow drawn by a team of oxen, the grain was cut with a reaping hook, threshed with a flail, and ground by hand by pounding it with a stone, the women came in and prepared the repast from this coarse flour. But we do things differently. So it is in our life in many respects. Our method of communication by wireless telegraphy or by telephone, our means of locomotion by automobile, fast express train or Lusitania vary somewhat from the stage coach for passengers and mail and the old sailing vessel.

Knowledge is now bound up in books and scattered throughout the world in 50 languages in a short space of time. Formerly the scroll was read before a fire of pine knots or hardwood logs.

Not the least great change is that which has taken place in the care of our sick. Formerly the sick one was cared for by the mother, sister or wife, and in proportion as the true mother spirit was large so the nursing was good. None but a mother could go sleepless for nights in succession, none but a mother could undertake the disagreeable tasks, none but a mother could overlook all the crying of the child, or the moaning or complaining of the adult.

The caring for the sick now demands large and small hospitals, well equipped and manned by physicians, nurses, business men, attendants (male and female), laundresses, engineers, carpenters, painters, gardeners and elevator boys. The patient in the home requires a trained nurse or two, and many attentions not formerly thought necessary, and thus the demand of civilization is heard for trained nurses, and is the mother superseded? Nay, verily. The world, changing though the same, finds the mother spirit as necessary to-day as before. The world is no different, people are no different, and we require the same qualities in the case of our sick as were necessary in the days of our forefathers.

She can only be a nurse when she is a woman. What is a woman? "Motherhood" is the touchstone which reveals the highest in woman's character. In it she finds her ultimate expression. Ideal motherhood means untiring love, that love that believeth all things, hopeth all things, and seeketh not its own. It means self-sacrifice, trust, and an infinite patience. The capacity for motherhood is the gauge of a woman's perfection. By this stern test many a childless woman might prove to be more truly a mother than she who, not realizing her own high destiny, is a mother in the physical sense only.

From the most remote ages men have recognized the divinity of motherhood. We have evolved no higher ideal. The angels are themselves less tender and wise than God and mothers.

A nurse possesses or is possessed by gentleness, brightness, sweetness, charity, tact, kindness, sympathy, optimism, high-mindedness, earnestness, truthfulness, domesticity, hospitality, and common-sense, and let me add one or two personal observations: Fidelity and trust are two large factors. In this age and day we move from one place to another, go from one occupation to another, have friends here to-day who are gone from us to-morrow, and with all this kaleidoscopic change fidelity is, perhaps, not as great in the world as formerly. All those unhappy homes where discord has brought divorce in fact or act were wanting in fidelity. And that other factor, "trust," is no small one. The stimulation which comes to a human being by trust faithfully reposed by another is one of the strongest of all bonds in the many complexities of life. Many a young man has been saved from shipwreck by his knowledge of the trust reposed in him by his mother or *fiancée*. Many a lone girl in a large city or a large hospital has been buoyed up to higher and nobler things by trust displayed by a friend or a head

nurse. Name its opposite, suspicion, only to banish it far away and for ever.

The nurse, in addition to being a woman, must be good. As one has said, a woman to be a woman must be God-fearing. Whether she has any formal religion or not is perhaps not as important as merely being pure, noble-minded and sweet. Then the difficult things will be made less difficult and the gross things will lose their grossness.

Training added to such a woman will give the world a nurse who will bring sunshine, wisdom and health itself to the sick one in the mansion of the capitalist or in the shack on the prairie, and let that training be broad and deep. Know all there is to know about how to do things, the different ways of doing things, how to spend the money of the rich and save the money of the poor. As well as knowing how to do things, know also why you do things. This is a day of machines, but let not our nurses be machines. True, you cannot know all the doctor knows; no doctor knows it all. But an intelligent comprehension of the reason for doing things insures their being done rightly. This, then, is the nurse—not the ideal nurse, but the nurse in flesh and blood. J. H. HALPENNY.

THE LADY MINTO HOSPITAL FUND.

(Continued from December issue.)

6. After completion the Hospital Board shall keep the hospital insured in a sum that shall not be less than the amount of the grant made to them from the Fund mentioned.

7. The Hospital Board shall, when incorporated, enter into an agreement with the Board of Governors of the Victorian Order of Nurses for Canada whereby such Hospital Board shall undertake:

(a) To hold all property acquired, or to be acquired by it in any way for the purposes of a hospital at the place where it is built.

(b) That such Hospital Board shall so far as it employs any trained nurse as superintendent, head nurse or nurse, employ nurses belonging to the Victorian Order of Nurses for Canada; and

(c) That the affairs of the hospital will be carried on and conducted in accordance with the charter and by-laws of the said Order from time to time in force.

8. The grant will be paid proportionately as the work of building of the hospital progresses.

9. The applicants are required to furnish answers to the following questions:

(Continued on page 69.)

WHAT I LEARNED IN 1907.*

The Influence of the Mind on the Body.

Nurses and physicians sometimes neglect too much the influence of the mind over the body, especially in functional, hysterical and neurasthenic disorders. If we gave adequate consideration to this principle of treatment and remembered the therapeutic value of a cheerful, serene, sensible, active, well-balanced mind, Christian Science and other frauds would cease to flourish so greatly.

The work being done by the Rev. Dr. Elwood Worcester, rector of the Emmanuel Church, Boston, Mass., and his associate, Rev. Dr. Samuel McComb, is interesting. Their work is on non-sectarian lines and has for its object to teach the mind control of the body, with the result of both physical and spiritual health. The treatment is strictly scientific. These ministers work in conjunction with physicians, and treat only functional nervous disorders.

An Instructive Case.

On October 26th a patient was admitted to ward. Labor had commenced ten hours before, the membranes had ruptured, and the pains were severe. As soon as possible a Caesarean section was done, and a living female child was delivered. Child weighed seven pounds, and has done well ever since birth. The patient was out of bed on the seventeenth day, and has been up daily ever since. The patient's height, 4 feet 6 inches; patient's weight, 90 lbs. Malformation of pelvis is what made operation necessary. In a Caesarean operation which the patient underwent about four years ago, an operation for "ventral fixation" was also performed, and on February 18th, 1907, when she was examined, the cervix could not be reached. When labor commenced there was no descent and an operation was necessary.

Hydrogen Per-oxide.

Hydrogen per-oxide does great things in the way of stimulating a wound to heal. I dressed a rectal fistula last winter for many days. The doctor feared he would have to operate, but long perseverance, packing with iodoform gauze, syringing sometimes with hydrogen per-oxide and sometimes with dilute nitrate of silver, was at last rewarded by the sight of a healed wound.

The New Towel.

A towel has been devised in our operating room which we have found very useful when the patient is in Trendelenburg

*Contributed to by Miss Mary Ard Mackenzie, of Washington; Miss Mary J. O'Neill, Superintendent of Guelph General Hospital; Miss Flaws, Superintendent of Butterworth Hospital, Grand Rapids, and others.

position; this towel is the last article put on before the incision is made. Surrounding the slit or abdominal opening in the towel, on the left, right, and lower edge, there is a pocket 4½ inches deep and 2 inches from the edge of the slit, across the top of the towel there is a shallow pocket one inch deep and 1½ inches from the slit, extending from the outside edge of the side pockets. This upper pocket the surgeons find convenient for placing instruments which are in constant use, as it prevents them from slipping down or off the patient. The side pockets and the lower one hold the forceps attached to the tapes of the abdominal sponges used in walling off (which are apt otherwise to be unsnapped or pulled from their place). They also hold other instruments or needles, which are liable to slip when the patient is in this position. The pockets are not deep enough to cover artery forceps, therefore there can be no confusion in picking out quickly any instrument needed that may be in them. This towel should be made of stout, firm goods, so that the pockets will be taut.

Operation.

The patient had been suffering from muco-membranous colitis for about two years without any relief from colonic flushing or medical treatment. So operation was decided on. The appendix was brought up and stitched to lower end of abdominal wound and left protruding for four days, until adhesion had formed firmly, at which time the distal end was severed and catheter No. 5 introduced into the stump of the appendix, and saline irrigation used through it for four days, after which medicated irrigation was used. The patient is still in the hospital, but the condition is much improved.

This is not a new operation, but it is the first time it has been done in our Hospital, and it is somewhat unusual; so am sending it.

Varicose Ulcers.

The following has been used with great success in cases of varicose ulcers: The patient is put to bed for two or three days, then the leg is shaved and scrubbed and zinc oxide powder applied; if ulcer is large, put an extra layer of the powder and gauze over it; then paint leg with the following:—White gelatine, 150 parts; zinc oxide, pulv., 150 parts; glycerine, 250 parts; distilled water, 450 parts; and apply bandage, then the paint again until there are three layers of paint and two of bandage. Take temperature, and if it is normal do not disturb for two or three weeks. This splint is found to be most comfortable (and to far surpass any elastic stocking), and the patient may go around his ordinary work without its being injurious, as long as there is no temperature.

HOT SPRINGS, ARKANSAS.

I am not going to enter into a detailed account of this Carlsbad of America—its magnificent hotels, hospitals, and sanitoriums, its lines of bath houses, splendid promenades, and many scenic attractions—all this can be obtained from any of the numerous pamphlets issued in such prodigality by this enterprising city. Tourists come here from every part of the globe—pleasure-seekers, in search of variety; gamesters, in search of victims, and invalids, in search of health. The accomplished and versatile American is quite capable of combining the three guests in one; devotes the morning to his physician, his masseuse and his bath, while in the afternoon he seeks fortune and diversion at the races, in the clubs, or in the fashionable society which throngs the hotels during the gay Southern winter season.

The city is situated in a narrow valley of the Ozark Mountains, along whose entire range are to be found many indications of an earlier volcanic period of great activity. Through fissures and crevices in the disorganized strata come streams of water, steaming hot, from the bowels of the earth. The Indians had long believed in the magic properties of these subterranean waters and attributed to them many marvellous cures. The earlier white inhabitants built their cabins along the steaming streams, and found the pure water equally efficacious for external, internal and domestic use. Older settlers still remember wash-day, when the entire community engaged in laundry operations along the banks. Later the United States Government bought the whole district and organized the present flourishing health resort. The springs have been harnessed and carefully guarded, and the tourist now pays generously for this free boon of nature. The water from most of the wells seems to possess no special medicinal value beyond absolute purity. In different districts, however, are arsenical springs, sulphur springs, etc., which are much recommended for various diseases. The patient must have his prescription for his table waters—quality, quantity, temperature, etc.—just as he would for his drugs at home. Invalids who are allowed out of doors are seen on the streets carrying their daily supply of drinking water in large bottles, the more indiscriminate of them haunting the public fountains with their private pocket drinking cups, and consuming vast quantities of the nauseous, lukewarm beverage, probably with the idea that they could scarcely get too much of a really good thing. The physicians, however, recommend moderation both in drinking and bathing, the disease and condition governing all treatment.

The baths are administered by trained colored attendants, most of whom profess some scientific knowledge of massage. The temperature of the bath varies from blood heat to the point of toleration. The patient remains in the tub from 10 to 12 minutes, during

which time the flesh is well rubbed, squeezed and manipulated. He is then taken into a hot room, where he remains under blankets for a half-hour and perspires freely. From here he goes to a cooling room for 15 minutes, and the bath may be finished off with a cool shower and rub-down—possibly followed by an alcohol rub. Vapor baths are given as ordered, or the regular Turkish baths; also hot and cold spinal douches and all other forms of hydropathic treatment. During the process the patient drinks the warm water from the tap, thus helping to secure free perspiration. He is advised to dress warmly and to rest for at least an hour after each treatment. If he finds the baths too weakening, he may take them on alternate days or shorten the treatment.

The diseases which are specially amenable to this system of treatment are rheumatism, kidney and skin diseases, alcoholism, and the many varieties of specific infection. The unusual success met with in the last-named has been accounted for by the heroic doses of potassium iodide and mercury the patient is able to assimilate without poisonous effect. In one sanitorium, I was informed, pot. iodide is given first in 20 minim doses of the saturated solution, three times daily, increasing five minims daily with each dose, till the patient is getting 150 to 200 minims t.i.d. This seems an extraordinary dose, but the head nurse assured me she had seldom seen it produce iodism, and, even if some symptoms should appear, they do not hesitate to increase the dose unless the evidences are too pronounced. The baths, of course, and the free flushing of skin and kidneys, aid in eliminating the drug from the system. Mild saline purges, such as Hunyadi or Abolina Water, are used to keep the bowels moving freely. Mercurial inunctions are given daily after the bath, the ointment being rubbed in across the back and thighs in increasing quantities. Three to six weeks' treatment, in most cases, seems to be sufficient to rid the system of all evidences of the disease. A vapor bath is given at the last to eliminate the mercury. Local lesions are treated in the usual way, a strong solution of bichloride being used as a wet dressing, with great satisfaction. Vaginal douches may be given during the bath, the simple warm tap water being used in unlimited quantities.

For rheumatism in the acute stages, soda salicylate and aspirin are given in doses of twenty to sixty grains daily. For the chronic varieties pot. iodide or sod. iodide is given alone in the 50 per cent. sol.—m. xx. to m. l.x., t.i.d. p.c. The baths are said to do wonders in rheumatic affections of the joints, and, indeed, in most varieties of that painful malady, but I believe the results are not as lasting as the patient fondly expects.

Skin and kidney diseases are relieved by the thorough flushing of the entire eliminative system. Few drugs are used, but their action is much assisted by the hydropathic measures, and their injurious effects on the system minimized.

These few hints of treatment I was able to gather during a very

brief stay in one of the sanatoriums. Methods will doubtless differ among the various practitioners, but I believe these measures have resulted in very gratifying recoveries. Certainly the treatment is wonderfully assisted by the salubrious climate, and not a little by the change of scene and the faith which the patient himself brings to the cure. Such miraculous and dramatic recoveries are recorded that one recalls the blessed waters of St. Anne, or the alleged triumphs of Christian Science. Invalid chairs are forsaken, canes and crutches cast away, and the paralyzed literally takes up his bed and walks, after a whiff of Arkansas air and a few applications of the healing waters. One wonders whether, after all, our own bracing air in unlimited quantities, our own despised tap water used liberally externally and internally, a simple home (in lieu of health food) diet—and a little rest from the endless routine—might not effect, in most of these cases, fairly satisfactory results at home. "Are not Abana and Pharpar, the rivers of Damascus, better than all the waters of Israel? May I not wash in them and be clean?" Perhaps, after all, the faith is the one essential ingredient. But, unlike the ancient Naaman, our modern mighty men and honorable seem to find the value of the cure directly proportionate to the difficulty and cost of obtaining it. In this respect Hot Springs might satisfy the most money-burdened plutocrat. The prices are exorbitant, and one finds that a "simple water cure" can be made quite as genteely expensive as a famed surgeon or a whole pharmacopœia of drugs. Who would not drink mountain-valley water in cut glass goblets, or recline in a crystal bath tub with silver-plated (or gold, for aught I know) taps, with uniformed attendants to wait on one's every want, and—should you be too corpulent, or too indisposed, to walk—a charming black slave to wheel you in rubber-tired elegance through marble halls and cool piazzas, to your gorgeous and expensive rooms and your ten-dollar-a-day bed?

The city lives and thrives on the tourists, the inhabitants having apparently been brought up to the business of "soaking" their guests, both literally and figuratively. It is a remunerative art and delicately accomplished. I asked a despondent-looking invalid if there was much grippe in the city. He said: "No; the people here ain't got the grippe—they've got the *grab*, and they've got it *bad*."

I have no doubt, however, that an unpretentious tourist may be modestly entertained and honestly treated here as elsewhere; and if you are wise and fortunate enough to evade the boarding house brigand, the designing merchant, the charlatan doctor, and the man (or woman) of wits, you may still get more than value for your money—in renewed health, perhaps; in added experience of the world, and in heartfelt gratitude for the simple life of your own comparatively clean, sane, wholesome, slow, old Canadian home.

ISABEL M. STEWART, W. G. H. '02.

Winnipeg.

Clinical Department

After-Pains.

When after-pains are very severe, gentle rubbing over the uterus may help to dislodge the bloodclot which the uterus has been trying to expel, and which is often the cause of the severe pains. A hot water bottle or hot fomentations over the uterus, or raising the patient to a sitting position on the bed-pan for a short time, are other measures used with good effect sometimes. If these fail, a high injection of a quart of hot salt solution into the colon will usually bring relief. Though after-pains are a good omen, they often cause very great distress and loss of sleep when they are unusually prolonged and severe. If these simple measures fail and the patient is worn with loss of rest because of them, it is well to notify the physician.

When Nursing Pneumonia.

Pneumonia has been aptly termed "The captain of the men of death." In few other diseases has a nurse to deal with more unreasoning prejudices on the part of the common people. The fear of "catching cold" is deep-seated and all but universal. In nursing such cases remember that while it is important that all patients should have a supply of good air, it is especially important in this disease. The patient's very life may depend on the amount of pure air he gets. The fresh air treatment is proving quite as valuable in pneumonia as in tuberculosis, where it has been given a fair trial, and patients who seemed hopeless when admitted to a hospital have rapidly improved under a couple of days' fresh air treatment on the roof of the hospital. Even though you suffer with cold yourself, insist on a constant stream of pure air coming into the sickroom. Then be sure to keep the patient quiet. It is often difficult to convince the friends or family that it is not wise for them to constantly sit with the patient, but most of them will listen to reason. When you find the sickroom is the general stamping ground for the whole family, as well as the place in which they entertain callers, as it very often is, when you find that the rule is for two or three relatives, besides a dog, and a cat, and a baby, are accustomed to be with the patient most of the time, it may be necessary to enlist the aid of the doctor to clear the room and prevent the unnecessary exhaustion of oxygen which the patient sorely needs, but clear the room somehow and open the windows, and keep them open in spite of protests. Then do not forget to give plenty of water to drink. It helps to promote natural elimination, and is quite as necessary as in typhoid fever during the acute stage of the disease. Then, try to remember that it is really as important, as a recent writer has stated, "To know what kind of patient the disease has got as to know what kind of disease the patient has got." Each case of pneumonia is a study by itself, and the nurse who has trained her eyes to see can learn something new from each new patient.

C. A. Aikens.

THE LADY MINTO HOSPITAL FUND.—*Continued.*

(a) What is the population in the immediate vicinity of your locality?

(b) What is the tributary population?

(c) Where is the nearest hospital, and how far is it from the site of the proposed hospital?

(d) How large a hospital is required?

(e) What is the estimated cost of the hospital?

(f) What is the amount of the grant asked for?

(g) How much can be raised in the locality or among friends towards building and furnishing the hospital?

(h) What is the estimate of the annual income or support that can be raised?

(i) Does the hospital scheme appeal to all classes of the community, and has it the support of the resident physicians?

(j) Can a free site and a good title be obtained?

(k) Give the names of the persons who are willing to assume the responsibility of going on with the undertaking in case the grant asked for is given?

10. The estimated cost of maintenance of a ten-bed hospital is $2,000 per annum, $1,000 for salaries and wages and $1,000 for household expenses, including drugs and dressing.

During the last three months the Victorian Order cared for in its 16 hospitals and 18 districts, 1,884 patients, 1,755 being new cases; 12,976 visits were made in the districts.

A POST-GRADUATE course in District Nursing will be given in the Home of the Victorian Order of Nurses, Ottawa. Apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa. Also a post-graduate course, with special instruction in Midwifery given at the cases, by an experienced obstetrical nurse. Salary, $10.00 per month. Apply, the Superintendent, 206 Spadina Avenue, Toronto.

The Guild of Saint Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—*Ambroise Paré.*

The Secretary's Journey.

I think that the cultivation of the spirit of unity, a unity all-embracing, would do much to put the members in mind that they are part of a great body, and that their strength lies in fostering a sense of union with the whole Guild. I love to think of the group around the Father's Throne each day, as from the South Sea Islands, the great continent of India, from Australia, Africa, New Zealand, from the British Isles, and from the lonely ones scattered about everywhere, there comes a never-ending stream of prayer by which we join hands with our fellow-members. Surely therein lies our strength. Such a standard of work will do much to counteract the tendency, almost inevitable in a new country, to make money the standard of life, to help us make head against the temptation to do one's work like a machine, so common to the whole profession, and hearten up those who, struggling with the difficulties of climate, may be tempted to yield hopelessly to the lassitude and weariness of an enervating atmosphere. We who sit at home can help them with our prayers, and strengthen them with our sympathy, and for this purpose we should quicken our imagination, and, above all, be ourselves loyal and earnest members of our Guild.

Another work before us in the Colonies is to act as missionaries of our Church; to show in our life and conduct that we believe that Christ has called His Church to spread His kingdom among our fellow-subjects, and that to her He has committed the great sacraments of salvation. This is not always understood; we can do very much to teach this great truth, but only by a steadfast belief in, and practice of, the teaching of the Catholic Church of England. Any attempt to weaken the Church standard of membership of the Guild is to take a retrograde step in this matter.

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
. . . . . .
My soul will be a-dry before,
But, after, it will thirst no more.

—*Sir Walter Raleigh.*

Perfect Your Stone.

You cannot set the world right, nor the times, but you can do something for the truth, and all you can do will certainly tell if the work you do is for the Master who gives your share, and so the burden of responsibility is lifted off. This assurance makes peace, satisfaction and repose possible even in the partial work done upon the earth. Go to the man who is carving a stone for a building; ask him where that stone is going, what part of the temple, and how he is going to get it into place; and what does he do? He points you to the builder's plans. This is only one stone of many. So, when men shall ask where and how is your achievement going into God's plans, point them to your Master, who keeps the plans, and then go on doing your little service as faithfully as though the whole temple were yours to build. Phillips Brooks.

The Light of the World.

There is but one thing more wonderful than the traditionary Christmas. It is the recognition by the modern world that to know a person of transcendent goodness, transcendent greatness and transcendent love is the only end in which the infinitely craving heart of humanity can rest. As the world grows older the character of Jesus rises in the firmament of the soul like the sun on his way up from the horizon. No Christmas Day has ever dawned in Canada or the four quarters of the world that has known a profounder adoration of the Christ than will be seen when dawns on the whole world the seventh Christmas of the twentieth century. "I am the Light of the world," said Jesus, and by the shining of that light we know that His words are true.—*J. R. M., in The Evening News* (Toronto).

The Canadian Nurse

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Editorial.

WHAT I LEARNED IN 1907.

We have received many kind congratulations on this article. These congratulations were very useful, because they saved us from thinking that this plan, which we embraced with much enthusiasm the moment it was mentioned, was a failure. It looked that way to us, because we asked about fifty people to lend a hand to it and about five responded. But it did not look that way to our friends who read the five good articles that came and knew nothing about the forty-five that did not come. So we said to ourselves, "Cheer up!" And we say to you, "If you did not remember that you learned anything in 1907, watch now and see what you learn in 1908, and put it down as soon as you learn it on a sheet of paper, and put that sheet of paper in an envelope and send the envelope and contents to us on November 20th, 1908.

THE TRAINING OF MIDWIVES.

At least 70 per cent. of the maternity cases in England and Wales are attended by midwives alone, and in 1910 the new Act (of 1902), by which registration and inspection are established, comes into full force, making it illegal for any woman to practise as a midwife habitually or for gain unless she is on the Register. This will affect about half the midwives practising at present. But as things are the number of trained midwives is inadequate, and, besides, it is impossible for a woman to earn a living wage at midwifery alone, having no other means of subsistence. The Association for Promoting the Training and Supply of Midwives is making great and noble efforts not only to increase the supply, but to obtain from the State, or otherwise, money to provide trained midwives for the poor. The Archbishop of Canterbury is President of the Association, and Princess Henry of Battenberg, Lord Balfour of Burleigh, Lady Acland, and others are deeply interested and are assisting.

The following facts show the seriousness of the situation:

Three thousand mothers die annually in Great Britain on account of the ignorance of midwives. One-fourth of all cases of blindness are due to the same cause.

The Coroner of East London, Mr. Wynne Baxter, has during the last six years held inquests on 363 children who died within 24 hours of birth, and on 2,168 who had not lived twelve months.

What a good thing it is that in Canada the doctor, and not an untrained midwife, has, as a rule, charge of maternity cases.

THE ORDER OF MERIT.

We had the honor of announcing in our last number that news had just reached us of the King's gracious action in conferring on Miss Florence Nightingale the Order of Merit. Miss Nightingale is the twentieth person who has received this great honor. It was instituted by King Edward VII. on June 23rd, 1902, and ordinary

members are "such persons, being subjects of our Crown, as may have rendered exceptionally meritorious services in our Army and our Navy, or who may have rendered exceptionally meritorious service towards the advancement of Art, Literature and Science." The Order was afterwards extended to include foreign persons, and numbers 16 eminent Englishmen and three illustrious Japanese.

The Order of Merit is the third distinction bestowed on Miss Nightingale. Queen Victoria bestowed on her the Royal Red Cross, and in 1904 the King made her a Lady of Grace of the Order of St. John of Jerusalem. The following interesting account of the presentation appears in the British Journal of Nursing:

"The insignia of the Order of Merit were conveyed to Miss Florence Nightingale by Colonel Sir Douglas Dawson, Registrar and Secretary of the Central Chancery of the Orders of Knight-

hood, on Thursday, December 5th, 1907. Sir Douglas Dawson drove from St. James' Palace in a Royal carriage to Miss Nightingale's residence in South Street, Park Lane, W., where members of her family were waiting to receive him.

"'By command of His Majesty the King, I have come,' said Sir Douglas, 'to convey the insignia of the Order of Merit to Miss Florence Nightingale.'

"The case containing the cross of the Order, with its beautiful blue and rose ribbon, was then conveyed to Miss Nightingale, who remained in her own room, but received the insignia with much pleasure, and dictated her thanks for the honor conferred upon her by her Sovereign, as follows:

"'His Majesty King Edward VII.—Miss Florence Nightingale desires to express to his Majesty her gratitude for the honor he has done her in graciously appointing her to the Order of Merit. She feels keenly the honor it is to be associated with the distinguished men already members of the Order.'

"The message was at once conveyed to Sir Douglas Dawson.

"By the courtesy of the Lord Chancellor's Office, we are able to give the accompanying illustrations of the Order, which represent its actual size. It is carried out in blue, red, and green enamel. The centre of the cross, bearing the words "For Merit," is of blue enamel surrounded by a wreath of laurels, and the arms, which are eight-pointed, are carried out in red. The reverse side bears the King's monogram. The cross is surmounted by a crown, and is suspended by a handsome ribbon, two inches wide, in soft shades of royal blue and rose red.

"The German Emperor, on December 10th, sent a beautiful bouquet to Miss Florence Nightingale through the medium of his Ambassador. The gift was accompanied by a letter expressing his Imperial Majesty's esteem and his appreciation of her great services to nursing."

THE DEATH OF MISS CHILMAN.

It is with the deepest regret that we announce the sudden death of Miss Chilman, Superintendent of the General Hospital at Stratford. Miss Chilman was universally esteemed and beloved, both by the profession and the public, wherever she worked. Those who knew her will recall her handsome presence, her kindliness of speech and action, her dignity of thought and bearing, and will long "for the touch of a vanished hand and the sound of a voice that is still." Few, indeed, among our Canadian hospital superintendents will be more greatly missed or more sincerely mourned. Miss Chilman was the daughter of the late J. C. Chilman of Hamilton, and leaves her mother, three brothers, and five sisters, one of whom is in Australia, to mourn her loss. She was a distinguished graduate of Toronto

General Hospital, and after graduating was for some years Head Nurse of the "Pavilion" there. She had been for nine years Superintendent of the General Hospital at Stratford, where her administration was eminently successful. Miss Chilman was loyal to the profession of which she was a leader, and seldom or never missed a meeting of the Graduate Nurses' Association of Ontario. Her illness was very brief, and the cause of her death was cardiac failure occurring as a complication in a severe attack of influenza. She was on duty almost to the last.

A brief funeral service was held at the Nurses' Residence by the Rev. Mr. Martin of Knox Church. The pall-bearers were distinguished citizens of Stratford, and the Mayor of the city, Mr. Gordon, accompanied by the Hon. Thomas Ballantyne, went down to Hamilton to be present at the funeral.

The following resolution was passed by the Hospital Trust:

"The members of the City of Stratford General Hospital Trust are shocked at the serious loss to the community occasioned by the sudden death of Miss Chilman, the Lady Superintendent of the Institution, whose affairs she has advised and assisted them in administering for many past years. Miss Chilman possessed exceptional abilities, not only in the profession of nursing, but necessarily as a foremost executive officer. It is mainly to her that the public are indebted for the high character our institution has attained amongst the public hospitals of the Province. She introduced many new features of value in practice here, and developed every branch of the service to the utmost degree of efficiency. She was wise and prudent in mind and manner, so that difficulties which constantly arise in dealing with interests diverse in their nature were always harmonized, and pleasant relations were constantly maintained between all who were concerned in hospital work."

The editor and members of the Editorial Board of THE CANADIAN NURSE deplore the loss of one of their best friends, and would offer to the family their deep and heartfelt sympathy.

OBITUARY.—Miss M. M. Paterson, a graduate of the Montreal General Hospital Training School for Nurses, died of typhoid fever at the American Hospital, Mexico City, Mexico, December 30th, 1907. Miss Paterson has done private nursing in Mexico City for the past five years, and was beloved by all who knew her. The nurses of Mexico, her friends, and patients have suffered a great loss. The remains were interred New Year's morning in the British Cemetery, Mexico City.

Editorial Notes.

GREAT BRITAIN.

Trained Nurses in Prisons.—At the last meeting of the Matrons' Council Conference, Mrs. Bedford Fenwick presented a thoughtful and truly progressive paper on this subject. Prison infirmaries, it should go without saying, should be under trained nurses.

ENGLAND.

School of Cookery.—A well-equipped School of Cookery has just been opened at Charing Cross Hospital, and it has been decided to open classes there for the benefit of graduate nurses and of nurses in other hospitals.

Mental Nurses' Co-operation.—The new club-room of the Mental Nurses' Co-operation, at 115 Edgware Road, London, was opened in December, when a very pleasant and successful At Home was held.

Nurses' Missionary League.—This good and useful Guild of Nurses is, we are glad to learn, flourishing greatly, both in work and numbers. Twenty-seven new members have joined in the last two or three months. The annual subscription is 2s.

Short Sleeves.—This, an invariable custom in Danish hospitals, has lately been adopted in some English hospitals. At the Children's Hospital, in St. Ormond Street, London, the sleeve of the uniform is turned up above the elbow, and a white sleeve is worn from the elbow to the shoulder when the nurse is on duty in the wards.

The London "Royal Free."—This excellent Hospital had a red-letter day a few weeks ago, when H. R. H. Princess Christian, President of the Hospital, accompanied by her sister, Princess Louise, Duchess of Argyle, visited the wards, inaugurated the new operating theatre and was present at the dedication services of the beautiful new mortuary chapel, conducted by the Archbishop of London. All these additions to the Hospital are most modern and perfect of their kind. The "Royal Free," as everyone knows, is the Hospital of the London School of Medicine for Women.

IRELAND.

St. Lawrence's Home.—The Countess of Aberdeen, Archbishop Walsh, and a large and distinguished company, attended the annual meeting of the St. Lawrence's Catholic Home for Nurses in Dublin. St. Lawrence's nurses during the last five years have attended 8,000 cases in Dublin. They will help in the campaign against tuberculosis.

The Irish Nurses' Association.—In the Lecture Course of this important Association, Dr. Ella Ovenden spoke recently on "Hygiene," and made her subject very interesting. She referred to the fact that King Edward recently had his prize cattle at Sandringham tested for tuberculosis, and fifty out of seventy were found infected. A large number of pictures were used to illustrate the lecture. Dr. Ovenden, in acknowledging a vote of thanks and congratulations on her approaching marriage, answered an enquiry made by one of the nurses, by saying that "she hoped to continue many of her professional duties after her marriage, and not the least of those were her lectures to the nurses, which always gave her great pleasure."

The Belfast Nurses' Club.—On the third floor of Crane's Buildings, Wellington Place, the Ulster Branch of the Irish Nurses' Association has secured a new club-room and made a home. Lady Hermione Blackwood is President, and the Dowager Lady Dufferin was among the guests. On the opening day the club-room, with its cheerful fire and electric light, and its color scheme of green and white, contrasting with dark oak furniture, was all brightness and comfort. The annual subscription is 5s. for nurses and 2s. 6d. for probationers, but most of the matrons generously give a guinea subscription. The club-room is open from 10.00 a.m. to 8.00 p.m., and there members may read, write, see friends, and have tea. There are already 147 members. Does this not make you wish for a club-room in Halifax, St. John, Montreal, Toronto, Winnipeg, Vancouver, or wherever you are?

SCOTLAND.

The Scottish Nurses' Club.—The temporary Committee of the Club have already secured a club-room at No. 17 South Castle Street, Edinburgh, where a tea-room, reading room, writing room and recreation room will be open daily from 9.00 a.m. to 8.30 p.m., and on Sundays from 2.00 to 6.00 p.m. All nurses resident in Scotland are eligible for membership, and the entrance fee is 5s., the annual subscription being also 5s. At a concert held for the benefit of the club, Lady Helen Munro Ferguson spoke of the advantages it afforded in a great medical centre like Edinburgh. The Secretary is Miss Halkett, Pitfirrane, Dunfermline.

A Sick Benefit Fund.—As a result of the Grand Bazaar held lately on behalf of the Glasgow and West of Scotland Co-operation of Trained Nurses, a sum of over £4,000 has been realized for the Sick Fund. This Co-operation has been in existence for fifteen years, and has nursed 16,000 cases. Sir Hector Cameron, in a speech given on the opening day, remarked that there was no other profession where one must be 23 years of age before one could begin the technical training, nor any other where active service terminated so soon as 50 or 55 years of age. The personal service which a nurse renders in serious illness was priceless, and, therefore, inadequately remunerated.

INDIA

Lady Dufferin Victoria Hospital.—At this fine Hospital in Calcutta a new departure has been made, and a new ward, to be known, by special permission, as the Princess of Wales' Cottage Ward, has been opened. It is for "purda nashin," or high caste Indian ladies, who have hitherto, by the rules of their caste, been unable to avail themselves of hospital privileges. This special ward will afford them such privacy that they can now come.

SOUTH AMERICA.

Buenos Aires.—A London Hospital Nurse has just started a Nurses' Co-operation in Buenos Aires.

FRANCE

Since the Eighth Century.—On January 1st, 1908, the Augustinian Sisters will leave the Hotel Dieu, where they have nursed the patients since the eighth century A.D. The Sisters are transferring their mother-house to a private hospital in the Rue des Plantes.

ITALY.

The Garibaldi Hospital.—Temporary quarters have been secured for this Hospital, which has just been opened, in the presence of the civil authorities, Admiral Bianco, General Ricciotti, and Madame Costanza Garibaldi, who inaugurated the hospital. An English nurse will probably be in charge.

GERMANY.

The German Empress.—During her recent visit to England with the Kaiser, the Kaiserin found time to visit the German Hospital at Dalston, where everyone, from the Chairman, Baron von Schroder, to the smallest child in the wards, was delighted to see her. Six hundred children from the seven German schools in London came to receive her, and cheered and waved their flags when she appeared. The Empress visited the Children's Ward first, listened to them sing "Der Herr ist Treu," took some of the little children in her arms, said to a fourteen-year-old English girl, in English, "Have you much pain, dear?" and shook hands with as many as possible. Her Majesty then visited the other wards, conversed kindly with the matron and sisters, especially with Sister Margaretha, who has been 56 years in the Hospital, and presented a donation of £50 to the funds of the Hospital. This Hospital was founded in 1845, and the nursing staff originally came from the Deaconess Institution at Kaiserwerth, in Germany, where Florence Nightingale was trained.

Question Department.

Trained Nurses on Passenger Steamers.

A correspondent writes from Montreal to say that on the strength of a paragraph which appeared in our November number she applied to the Cunard S.S. Company for an engagement as trained nurse on one of the Cunard steamers. In answer to her letter she was told that the Cunard Line did not employ trained nurses.

The information published by us appeared in a nursing journal published in England. We have no doubt that Atlantic and other passenger steamers would do well to carry a trained nurse, and think it is an improvement which is sure to come in time.

The Canadian Army Nursing Service Reserve.

A correspondent writes from Ottawa to ask to whom application should be made to enter this service. We have pleasure in reminding our readers that all applications should be addressed to Lieut.-Col. Guy Carlton Jones, Director-General of the Army Medical Service in Canada, Ottawa.

Official Department.

The Canadian Nurse has the honor of publishing official information from

Queen Alexandra's Imperial Military Nursing Service.
The Canadian Permanent Army Medical Service (Nursing Branch).
The Canadian Society of Superintendents of Training Schools for Nurses.
The Association of Hospital Superintendents of Canada.
The Canadian Nurses' Association.
The Manitoba Association of Graduate Nurses.
The Graduate Nurses' Association of Ontario.
The Victorian Order of Nurses.
The Guild of St. Barnabas for Nurses.
The Collingwood G. and M. Hospital Alumnæ Association.
The Calgary Graduate Nurses' Association.
The Edmonton Graduate Nurses' Association.
The Ottawa Graduate Nurses' Association.
The Fergus Royal Alexandra Hospital Alumnæ Association.
The Galt General Hospital Alumnæ Association.
The Guelph General Hospital Alumnæ Association.
The London Victoria Hospital Alumnæ Association.
The Kingston General Hospital Alumnæ Association.
The Montreal General Hospital Alumnæ Association.
The Montreal Royal Victoria Hospital Alumnæ Association.
The Ottawa Lady Stanley Institute Alumnæ Association.

The St. Catharines General and Marine Hospital Alumnæ Association.
The Toronto Central Registry of Nurses.
The Toronto General Hospital Alumnæ Association.
The Toronto Grace Hospital Alumnæ Association.
The Toronto Graduate Nurses' Club.
The Toronto Hospital for Sick Children Alumnæ Association.
The Toronto Riverdale Isolation Hospital Alumnæ Association.
The Toronto St. Michael's Hospital Alumnæ Association.
The Toronto Western Hospital Alumnæ Association.
The Winnipeg General Hospital Alumnæ Association.
The Vancouver Graduate Nurses' Association.

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers, 1907-8: President, Miss J. E. Carr; 1st Vice-President, Miss M. M. Redmond; 2nd Vice-President, Miss M. E. Knox; Secretary, Miss A. I. F. Morton; Assistant Secretary, Mrs. Isabel McBride; Treasurer, Miss J. Cottrill.

Sick Visiting Committee: Misses Dawson, Lord, and Moore.

The meetings are held on the first Thursday of the month at 3 p.m., in the Board Room of the hospital.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1907-08: Hon. President, Miss Brent; President, Miss Gowans, 5 Dupont St.; 1st Vice-President, Miss Barnard, 608 Church St.; 2nd Vice-President, Miss Ellrington, 15 Selby St.; Recording Secretary, Miss Cooper, 505 Sherbourne St.; Corresponding Secretary, Miss Robertson, 182 Walmer Road; Treasurer, Miss Mary Hill, 105 Roxborough St. East; Secretary of Invalid Cookery Book, Miss Mary Gray, 505 Sherbourne St.

General Business Committee: Convener, Miss Barbara Goodall, 666 Euclid Ave.; Miss Jenny Gray, Deer Park P.O.; Miss Bennett, 505 Sherbourne St.; Miss Kirkby, 266 Gerrard St.; Miss Adams, 85 Isabella St.; Directors, Miss Halley, 24 Elgin Ave.; Miss Leman, 20 Boswell Ave.; Miss Clark, 85 Isabella St.; Representatives to Central Registry, Miss Cooper, Miss J. Hamilton. Representative on Editorial Board of THE CANADIAN NURSE, Miss Hamilton.

Meetings are held on the second Thursday of the month in the Nurses' Residence at 3.00 p.m.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1907-8: Hon. President, Miss Snively; President, Miss A. Muir, 505 Sherbourne St.; 1st Vice-President, Miss H. Fralick, 12 Selby St.; 2nd Vice-President, Miss M. Tweedie, 53 Langley Ave.; Treasurer, Miss Halbhaus, 12 Selby St.; Recording Secretary, Miss Mary Roberts, Grange Ave.; Corresponding Secretary, Miss Samson, 12 Selby St.; Directors: Miss Hall, Miss Burnett, Miss Crosby, 12 Selby St.

Conveners of Standing Committees: Sick Visiting, Miss Alice Stewart, General Hospital; Registration, Miss Lucy Bowerman, Sherbourne St.; Programme, Miss Ida Beam, Selby St.; Social, Miss Younger; Look-out, Miss Baldwin; Press and Publication, Miss M. E. Christie, 19 Classic Ave.; Representative of the Central Registry Board, Miss B. Crosby and Miss A. Boyd; THE CANADIAN NURSE Representative, Miss Frieze.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurses: Miss K. A. Broade, Miss C. Skinner.

POSTINGS AND TRANSFERS.

Miss A. Garriock, R.R.C., as Principal Matron, to South Africa, from R. H. Hp., Woolwich; Miss A. L. Cox, to South Africa, from M. Hp., Shorncliffe.

Sisters.—Miss E. M. Fairchild, to South Africa, from C. Hp., Aldershot; Miss S. Lamming, to C. Hp., Aldershot, from R. H. Hp., Woolwich; Miss L. M. Toller, to Q. A. M. Hp., Millbank, London, from duty T. S. "Plassy"; Miss I. G. Willetts, to R. H. Hp., Woolwich, from M. Hp., Portsmouth.

ON APPOINTMENT.

Staff Nurses.—Miss A. R. Hyslop, to M. Hp., Chatham; Miss K. Lowe, to R. M. I., Dublin; Miss A. Lee, to M. Hp., Portsmouth; Miss J. S. G. Gardner, to the Q. A. M. Hp., Millbank, London; Miss L. M. Draper, to T. S. "Plassy," for duty, from R. H. Hp., Woolwich.

PROMOTIONS.

The undermentioned Sisters to be Matrons.—Miss A. Nixon, Miss E. A. Cox.

The undermentioned Staff Nurses to be Sisters.—Miss A. B. Cameron, Miss E. M. Goard, Miss E. M. Lang, Miss E. J. Minns.

ARRIVALS.

Miss F. E. Addams Williams, R.R.C., Principal Matron; Miss E. Ferguson, Matron, from South Africa.

C. H. KEER,
Matron-in-Chief, Q.A.I.M.N.S.

Hospital and Training School Department.

A HOSPITAL is projected for North Vancouver.

IT is proposed to establish a hospital at Arnprior.

A NEW wing will be built at Victoria Hospital, Renfrew.

A NEW Welland County Hospital will be built at Welland.

MISS HARTOFF has accepted the position of head nurse at the Brandon Hospital.

MISS PARKINS is now in charge of the new dietary department of the Victoria Hospital in London.

A VERY successful bazaar was held in Orangeville by the Daughters of the Empire in aid of the new hospital soon to be established there.

MISS JEAN DOLAN, graduate of the Lady Stanley Institute, Ottawa, class 1907, has been appointed Head Operating Room Nurse in the General Protestant Hospital, Ottawa.

MISS STELLA SCOVIL has resigned her position as Head Nurse in the Operating Department of the General Protestant Hospital, Ottawa, and is succeeded by Miss Jean Dolan, Lady Stanley Institute, class 1907.

MISS WOODLAND has accepted the position of Superintendent of the Toronto Western Hospital. All her friends, and especially the Alumnæ of the Hospital, wish her many years of health and prosperity in her new position.

ON Christmas Day, at a reception held by the nursing staff for the townspeople, etc., the sun parlors, built and furnished by the Ladies' Hospital Auxiliary of the General Hospital, Niagara Falls, were opened. They are a great addition to the hospital, facing due south, and with their cosy gas stoves, dainty furniture, etc., make very delightful sitting rooms for the convalescent patients. The winter session of lectures for the pupil nurses of this school began in November. They comprise six lectures each on Anatomy, Physiology, Surgery, Materia Medica, and Obstetrics, and are given by the city physicians of Niagara Falls.

THE Registry Committee held its regular monthly meeting on January 6th, at 644 Spadina Avenue. Members present, six. The Registrar's report showed that the members number 259; calls for December, 110 (registry 78, personal 28, visiting nurse 4); savings bank account, $400.00; current account, $116.92; on hand, $10.00. There were seven applications to consider, and of these five were approved. The committee were very sorry to learn of the illness of one of their number, Miss Weyer, who has typhoid at her home in Peterboro. It was decided to send her flowers with the good wishes of her fellow-workers for a speedy recovery.

THE Woodstock General Hospital has received a bequest of $3,000.00 for the establishment of a new ward.

THE Calendar or Circular of Information of the Butterworth Hospital Training School for Nurses (Grand Rapids, Mich.), is an attractive and finely illustrated pamphlet.

THE Ottawa Graduate Nurses' Association held its first meeting at the Young Women's Christian Association at 3.30 p.m. on Thursday, 9th January, 1908. Miss Damer was present and addressed the first meeting of the club.

THE building and furnishing of Neepawa General Hospital have cost about $17,500.00, of which only $3,000.00 remains unpaid. The Directors have an offer of $850.00 if they can raise the additional sum. The rural municipalities, the farmers and the citizens will, it is expected, be generous and enable the Hospital to begin the new year free of debt.

THE Lady Superintendent, Miss Snively, and the Nurses of Toronto General Hospital gave a most successful At Home on December 27th, at the Nurses' Residence. It was one of those occasions when everybody dances, and nobody can remember a pleasanter evening. The Governors of the Hospital, the Visiting Staff and others were present among the guests.

MISS ELIZABETH DAVIDSON (graduate T.G.H., 1905) has accepted the position of Superintendent of the McKellar General Hospital at Fort William. Miss Banks, the former Superintendent, resigned her position in October, 1907, and was presented by the medical staff with a jewelled bracelet, by the Hospital Board with a beautiful necklace, with their regrets at her leaving. Miss Banks will reside in the West for the present, and will take a needed rest from professional duties of about a year.

BREHMER REST, in Quebec, near Montreal, is a unique and useful institution, with a short, but interesting, history. Dr. S. A. Knopf, of New York, the great authority on tuberculosis, who visited it in 1907, called it "The Preventatorium." Early in 1905 a few Montreal ladies met, at the invitation of Dr. A. J. Richer, and these ladies must have been well and wisely chosen, for they became the founders of the institution and did the arduous work of collecting the necessary funds. Brehmer Rest was opened in the brief time of three months thereafter. It is a recuperation home, where men or women who need care in debility, anæmia, convalescence from pleurisy, pneumonia, etc., so that tuberculosis *shall not develop*, may find such care. It is non-sectarian, the charge made is only $4.00 per week (about half the actual cost of maintenance), so that none need be shut out, and to the deserving poor an Auxiliary Committee provides for admission free of cost. How many lives might be saved if others, hearing of Brehmer Rest, said to themselves, "Go, and do thou likewise."

THE usual monthly meeting of the Board of Directors of the Toronto Graduate Nurses' Club was held at Mr. Greer's residence, 15 Bain Avenue, on Wednesday, January 8th, at 3 p.m. The following members were present: The Mesdames Roden, Fred. C., the Misses Bowerman, Argue, Mary Gray and Barwick. It was decided to give a tea for the graduate nurses of Toronto, to be held the last week in January, the exact date and place to be settled later. The "Made in Canada" Fair that the nurses are getting up in aid of the Nurses' Club House is to be held in Easter week, and the committee are most anxious that as many nurses as possible will consent to make fancy articles, and also will interest their friends in this most worthy object. After some minor business was settled the committee adjourned to enjoy a cup of tea, most thoughtfully provided by Mr. Greer.

THE new hospital which has been built at Almonte, Ont., by Mr. Bennett Rosamund, and deeded to the V. O., is charmingly situated near the River Mississippi, which flows very swiftly through the pretty town. The hospital commands a wide view of the country. It has a waterworks system of its own, run by electricity, the lighting being also electrical. There are two sun parlors off the two public wards, which contain four beds each, and are on the main storey. On the upper flat are four private wards. Every room is very cheerful and pleasant. The town is most enthusiastic in its support of the hospital, and have every reason to be proud of their new building and its generous donor. The Board and Ladies' Auxiliary gave as a Christmas box to Miss Shields, the Hospital Superintendent, a handsome travelling bag. Miss Shields has done much hard work in a very inconvenient place, and they wished to mark their appreciation of her self-sacrifice.

THE exercises in connection with the graduation of the first class in the recently established Training School for Nurses at the Toronto Hospital for the Insane were held in the lecture hall on the evening of December 19th, 1907. The report of the Training School was read by Inspector Rogers. It outlined briefly the work being done by the school and the value of the trained nurse in caring for the difficult class of patients received in institutions for the insane. Mr. E. R. Rogers, Inspector of Prisons and Asylums, presented the diplomas to the eleven graduates, and the class pins were awarded by Mrs. Rogers. Dr. C. K. Clarke, Medical Superintendent of the Hospital, in a short talk dwelt on some of the phases in the work of the Training School. A short musical programme and supper followed, and the rest of the evening was given over to the nurses' dance. The graduates are: Mary MacNamara, Annie Eakins, Kate Cassidy, Helen Kildea, Sarah Hodgson, Jane Millard, Sarah Weir, Margaret Elliott, Susie Stevens, Mary Carson, Minnie Magee.

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THE Women's Hospital Aid Society of Neepawa, Man., have recently held a very successful bazaar for the hospital. The place selected was Mr. John Kerr's recently vacated store, in the Empire Block. Refreshments, music, a fortune-teller, and the tasteful decorations everywhere to be seen added to the pleasure of the numerous friends and visitors. The bazaar lasted for two days, and the Neepawa General Hospital will benefit to the amount of over $200.00. Those in charge of the different departments were: Reception Committee, Mrs. John Brown, Mrs. John Wemyss; Decorating Committee, Mrs. Dunlop, Mrs. Clare, Mrs. Geo. Hamilton; Tea Room, Mrs. Hay, Mrs. Leach, Mrs. Hunter; Fish Pond, Mrs. W. J. Hamilton, Mrs. J. Kerr, Mrs. J. Tritt; Fancy Work, Mrs. Smith, Mrs. DeMattos, Mrs. Wilkes; Aprons, etc., Mrs. Boulton, Mrs. Innocent, Mrs. Dinwoody; Candy, Mrs. Davis, Mrs. W. M. Hamilton, Mrs. Allison; Flour and Cereals, Mrs. Irwin, Mrs. Rennie, Mrs. Johnston, Mrs. McInnis. The officers of the Hospital are: President, Dr. McFadden; Hon. Secretary, John Wemyss; Lady Superintendent, Miss A. Scott.

THE first graduating exercises of the Neepawa General Hospital were held on December 5th and were very successful. The two first graduates were Miss McConnell and Miss Johnson. The President, Dr. McFadden, was in the chair, and congratulated the nurses, saying that he had no doubt they would fulfill the duties of their profession in a manner satisfactory to those with whom they came in contact, a credit to themselves, and an honor to the Neepawa Training School which had sent them forth. The people of Neepawa and surrounding municipalities were thanked for the aid they had given the hospital in the past, and were told that the keen interest they are now showing in hospital affairs, particularly the paying off of the indebtedness, was encouraging to the Directors, and highly appreciated by the Board. Eloquent and congratulatory speeches were also delivered by Ex-President J. J. Hamilton, Drs. McRae, Poole and McInnis, Reeves McNair and Little, Dr. DeMattos, Mr. Davis and Mr. Wemyss. After the speeches the company present enjoyed a musical programme. A neat and dainty recherche tea was served at 11. The singing of "Auld Lang Syne" concluded the evening. The Lady Superintendent, Miss Scott, has made an eminent success of her training school for nurses, and her work, both in this and the management of the hospital, has been of a highly satisfactory character.

ON Thursday, November the 14th, 1907, the Fancy Fair under the auspices of the Daughters of the Empire, for the purpose of raising funds to establish an hospital in Orangeville, was opened at 1 o'clock, in a very appropriate and pleasing manner. Mr. C. R.

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McKeown, the member of the local Legislature for the County of Dufferin, and Mayor of the town of Orangeville, made the opening address, and after extending to the ladies the privilege of the town to conduct their bazaar in the manner desired he extended to them heartiest congratulations upon their undertaking and the harmonious and co-operative energy displayed, which had pressed forward the scheme they had so enthusiastically set on foot. On behalf of the Daughters of the Empire, he desired to express their thanks to all, both in town and county, who had so generously contributed to the success of the bazaar which was then about to commence. After a few remarks very appropriate to the occasion, he introduced to the assembly Dr. Barr, the member of the House of Commons for the county. Dr. Barr was enthusiastically received and expressed his gratification at the fact that after many years' delay there was now a possibility that we would have a first-class hospital, and would not be depending upon other counties for the care of those who should be cared for within our own borders. At the conclusion of Dr. Barr's address Mrs. McIntyre, in a very effective manner, recited the poem dedicated to the Daughters of the Empire by Mrs. Frank, and the opening ceremonies were very fittingly brought to a conclusion by the presentation to the Orangeville Chapter of the Daughters of the Empire by Mrs. Dewar, their honored and esteemed Regent, of a beautiful Union Jack, the colors of the Order. The colors were received by Mrs. (Dr.) Bowles, the Standard Bearer, on behalf of the Chapter, and beautiful sheaves of American Beauty roses were presented by Mrs. W. R. Kent, the Secretary, to Mrs. Dewar, the Regent of the Chapter, and to Mrs. Barr and Mrs. McKeown, First Vice-Regent. About eight hundred dollars was realized in the two days' Fair. The county seems to feel that it must have a hospital. Two concerts are being held this month with this object in view. A mile of coppers, which, if successful, will realize $600.00, is to be started in Grand Valley. When at least two thousand to three thousand dollars is on hand steps will be taken to begin the hospital.

THE graduating exercises of the Hospital for Sick Children, Toronto, were held on Dec. 11th, in the Nurses' Residence. Mr. J. Ross Robertson, Chairman of the Hospital Trust, presided, and among those present were Mr. W. F. Cockshutt; Miss Brent, Lady Superintendent; Miss Potts, Assistant Superintendent; Miss Kinder, Supervisor of Probationers, and Mrs. Macbeth, Chief Dietitian; Miss Snively and Dr. Brown, of the Toronto General Hospital, and Miss Matheson, of the Isolation Hospital. President Falconer, of Toronto University, Dr. Allan Baines, Dr. Fotheringham, and Mr. I. H. Cameron gave interesting addresses. Mr. Robertson read the report prepared by Miss Brent of the work done in the Training School of the Hospital. He said: "The Training School for Nurses completed its twenty-second year September 30th, 1907, but up to 1896 the work was very limited—for there were up to that date less

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than a dozen nurses employed. The School really entered the field as a great Training School in 1896, when the present Superintendent, Miss Brent, took charge. One hundred and seventy-four nurses have graduated since the formation of the School to September 30th, 1907; 13 in this class makes the number up to the present 187. There are at present in the school 53 nurses, of whom 9 are head nurses, 9 senior nurses, 9 intermediate, 12 junior nurses, and 14 probationers. The number who applied for admission during the year was 250, of whom 35 were accepted. This is the second class that has graduated since the opening of the Nurses' Residence. In the present graduating class nine have passed with honors, the highest receiving 99 1-2 per cent. (Miss McCaul), the next two being 92 1-2 per cent. (Miss Wilson and Miss McCuaig). Seventy-five per cent. is required for honors. The lowest number of marks was 73 per cent., which is rather a fair record, considering that there were six papers and four oral examinations. Although the total number of marks of the other graduates is not given, one passed with 99 per cent. in Dietetics, and three or four got over 90 per cent. in Surgery and on their orals in Obstetrics four got over 90 per cent. All of which goes to show that the class has proved very satisfactory and is up to, if not better, than the usual standing. The nurse receiving the scholarship is Miss Maude Isaac, the Senior Class Scholarship, that of $50.00. Miss Laura Thomas receives the prize for General Proficiency, $5.00 in gold. Miss Emily McCaul receives the prize for being first in her examination, $5.00 in gold. The present graduating class is as follows: Ada Whicher, Ada Ballantyne, Laura Thomas, Marjory Wilson, Grace Thompson, Marguerite Holcroft, Rachel Amy, Maud Isaac, Ethel Ingram, Lillian Rodgers, Emily McCaul, May Watson, Lucy McCuaig."

THE Ottawa Graduate Nurse's Association held its inaugural meeting as an organized Society in the lecture hall of the Young Women's Christian Association, in the month of January, 1908. We are indebted to the Secretary, Miss Chesley, for an account of the meeting. The enthusiasm with which the idea of organization had been received by the graduate nurses of Ottawa was most encouraging, and a tangible witness to this fact is the very satisfactory initial membership roll—numbering seventy. The Association was very fortunate in having secured Miss Damer of New York State, to address the members on the benefits to be derived from organization. Miss Damer has quite an extraordinary power of presenting things clearly and forcibly, and carrying conviction to the minds of her hearers. Her efforts in Ottawa proved to be no exception. In the introductory part of her lecture she touched briefly on the gradual improvement in the methods of caring for the sick from the medieval dark days of nursing down to the present 20th century, laying stress on the remarkable impetus

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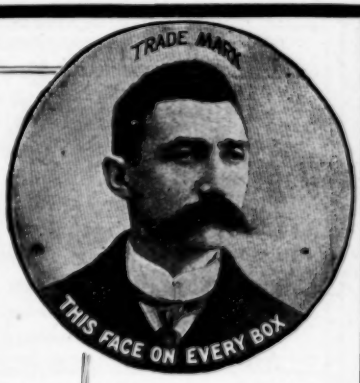
given to this in America by the development of organization among the nurses of that country. For many years after the inauguration of trained nursing there was no professional spirit of co-operation among the nurses, each nurse was a mere unit with no code of ethics unless she made it for herself, no standard of work except that of her old hospital, whose traditions became in time merely a sentimental memory. This individualism received its first curative treatment from the organization of Alumnae Associations, that of Bellevue Hospital nurses was organized in 1889. In 1896, the Associated Alumnae of the United States. This Society has affiliated with it twenty-one State Societies and a membership roll of 20,000. The primary objects of the various Alumnae were educational and beneficial, becoming more altruistic, and undertaking broader work as time went on, enlisting with Municipal Boards of Health in preventive medicine in Public Schools, tenement house inspection, and in the anti-tuberculosis crusade, supporting their own district nurse, establishing club houses with registries in connection and by joint effort of the various alumnae in the different States securing State Registration placing nurses on the Board of Examiners of candidates for Registration of their own choosing. The latest outcome of the united efforts of the allied Alumnae of the Association, is the establishment of an endowment at the Columbia University of a chain of Hospital economics, for the training of nurse teachers and Superintendents of hospitals, the value of this step cannot be over-estimated. Lastly, she exhorted the nurses of the newly formed Association to shake themselves free from commercialism and money making progress through nursing, to endeavor to reach the acme of perfection in the quality of their nursing work, to cherish the highest ideals and to convince the public of the genuineness of their desire to co-operate in any movement for the alleviation of human suffering, and to join in advancing any work for the good of the community at large.

THE monthly meeting of the Toronto Graduate Nurses' Club was held in the lecture room of the Canadian Institute on Friday evening, December 20th. In the absence of the President, Miss Muir, the chair was taken by Miss Bowerman, who presided in her usual happy manner. Miss Hill outlined the work and aim of the National and International Council of Women, with a total membership of 7,000,000. The Women's Council is especially active in the improvement of sanitary conditions in shops and factories and in working out such problems as the supply of pure milk and water. Miss Hill also gave information *re* the quinquennial to be held in Toronto in June, 1909, which promises to be one of the most important and interesting conventions this city has seen. A most inspiring address was then given by Dr. Sheard on "The Nurse as a Citizen." Three important points emphasized by the speaker were: (1) Education, (2) Work, (3) Idealism. These were essential to the success of the nurse,whether in hospital, private or district work.



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In connection with education, attention was drawn to the value of education; the companionship of education in itself, of good books, of good literature, the innate refinement which it begets—education is an introduction into all society, carrying with it everywhere the distinguishing marks of the educated—illustrated in conversation, character, dress and surroundings. Special emphasis was laid upon the taste for good reading. It was designated as a test which should stand one in good stead under every variety of circumstances, no matter how things might go against one or how the world might frown. That it was in itself universally a constant source of happiness, unless, indeed, there fell into the reader's hands a most perverse selection of books. That reading was indispensible to a nurse's success, not merely technical reading, but that she should be fairly well acquainted with the literature of the day and the prominent authors of poetry and fiction. (2) When it came to work it was never to be forgotten that work in itself was one of the greatest blessings Providence could bestow. Provided the work was congenial, it mattered not whether the work was in the field or in the mine, whether it was the delicately fingered artisan or the strong-armed, fiery-hearted worker at the forge, or the dim, obscure, sentimental artist merely attempting to portray thought. That this was the incentive to progress; that work was the parent of genius; that geniuses were evolved from the ranks of the workers; that the great names that had adorned the history of the past were those of resolute workers, not idle dreamers. Michael Angelo, Gustav Doré, Rubens, Beethoven, Mozart, Goethe, were all men who often, very often, sat down like drudges to an unwilling task in which they speedily became engrossed. That these giant workers left behind them records of the successful achievement which the world worshipped as the product of genius. (3) The ideal of the nurse was above everything else. Sublime in her mission of mercy, in her daily and nightly watchings by the bedside of the suffering, in her visitations from door to door, teaching the laws of healthy living, in her answers to those seeking admission at the hospital door, who did not enquire whether they had a card or a name, but simply if they had a grief. That they should try and comprehend what a nurse's work really meant. To be successful in nursing they should have the nurse's ideal constantly before them. The innate love of relieving human suffering and the love of the knowledge leading to such relief. The meeting was brought to a close by a vote of thanks being conveyed to Miss Hill and Dr. Sheard for their extremely interesting and helpful addresses.

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Personals.

Miss Rogers' staff of school nurses in New York City now numbers 72.

Miss Salter, Ottawa, has been doing private nursing at Indian Head this winter.

Miss P. O. Farrar (T. G. H.), Toronto, has been doing private nursing in Indian Head, Sask.

Miss Harris (W. G. H.), Winnipeg, has accepted a position in the Indian Head Hospital for a few months.

Miss Graves, Matron of St. Michael's Hospital, Toronto, spent the Christmas holidays at her home in London.

Miss Janet Neilson has been appointed nurse in charge of the tuberculosis clinic at Toronto General Hospital.

Miss Frost (W. G. H.), Winnipeg, is spending the Christmas holidays with her sister, Mrs. F. M. Wooton, Indian Head.

Miss Sibbald (T. G. H.), Toronto, who has been visiting her aunt, Mrs. Stevens, at Indian Head, has returned to Toronto.

Miss H. P. Stork, graduate of Guelph G. H., has been appointed Assistant Superintendent of the Protestant Hospital, Sherbrooke, Quebec.

Work in Dr. Burd's Hospital, in Blind River, is not so heavy as last year. This is probably due to the smaller number of men in the camps.

Miss Minnie L. Hance, of Indian Head Hospital staff, leaves the 1st of January for a month's holidays at her old home in London, Ontario.

Nurse McConnell, who recently graduated with honors from the Neepawa Hospital Training School, has returned to her home at Tisdale, Sask.

Miss Edith Campbell, of Montreal, graduate of the Presbyterian Hospital, New York, has gone to the Nurses' Settlement to take up district nursing for a time.

Miss Helen S. Walker, of Indian Head Hospital staff, is at her home in Strathroy, Ontario, for the Christmas holidays. Miss Walker is a graduate of Victoria Hospital, London, Ont.

Miss Christine Macdonell, St. Mary's Hospital, Brooklyn Class; Miss Gertrude Miller, New York Hospital, Class 1903; Miss Florence Frazer, New York Hospital, Class 1903; Miss Marjorie Clark, St. Luke's Hospital, Class 1903, all Canadians, have recently been appointed to the staff of school nurses in New York City.

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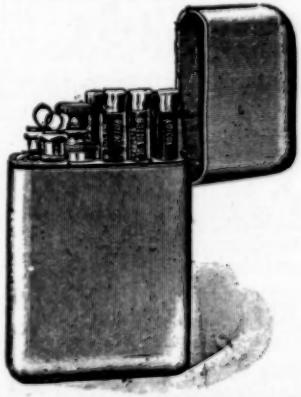

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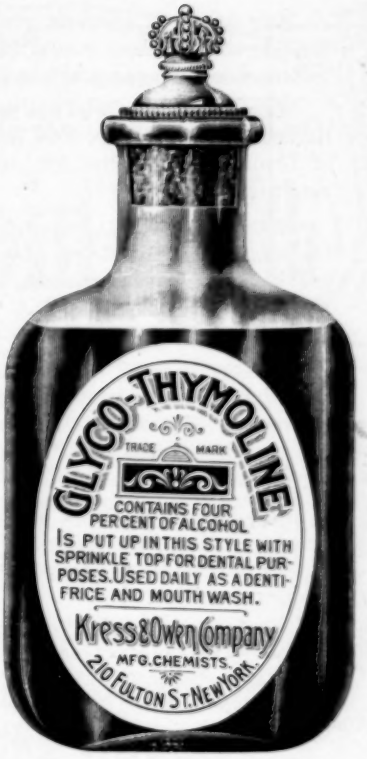
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Miss Julia K. Hughes, graduate of Boston City Hospital, and recently of the school nurses' staff in New York, is spending a few months abroad preparatory to her marriage in the near future.

Miss C. Hutton, who has been engaged in the hospital in Blind River since September, 1907, has, with her sister, Miss E. Hutton, of Toronto, left for the American "Soo." They expect to do private nursing there.

Miss Edith C. Rayside, of St. Luke's Hospital, Ottawa, who has been in Indian Head, Sask., for a year, left December 1st for her home in Lancaster, Ont. Her position in the Indian Head Hospital is filled by Miss M. C. Grant of V. G. H., Halifax, late of Yorkton, Sask.

A very pleasant occasion at St. Michael's Hospital, Toronto, recently was the presentation of a mahogany dressing table to Miss Graves, the Matron, by the graduating class of 1907. An appreciative address was read by Miss Kormann, and luncheon was served immediately afterwards in the south annex of the hospital.

Miss Florence Potts, of the Hospital for Sick Children, Toronto, and Miss Alice Pepper, Frank, Alta., are spending their holidays with friends in Ottawa. Both ladies are graduates of the Lady Stanley Institute, Ottawa.

MARRIED.

Shaw—Smedley.—At the residence of Mr. Thos. W. Rea, 631 Huron Street, Toronto, on Thursday, January 9, 1908, by Rev. Dr. Broughall, Jean Smedley, to Henry S. Shaw, M.D., of Montreal.

Robson—Laushevay.—October 21st, 1907, Miss Ambrozine Laushevay (graduate of the Lady Stanley Institute, Ottawa, class 1905), to Mr. A. W. Robson, Edmonton, Alta. Mr. and Mrs. Robson will reside in Edmonton.

Wilson—Holbein.—At Arnprior, Ont., December 25th, 1907, Miss Kate Holbein (graduate of the Lady Stanley Institute, Ottawa, class 1904, and late Assistant Superintendent of the Victoria Hospital, London, Ont.), to Mr. R. A. Wilson, Regina. Mr. and Mrs. Wilson will reside in Regina.

MacVicar—Stirton.—In St. Paul, Minn., on Thursday, December 19th, by the Rev. Dr. Edwards, Malcolm Guthrie MacVicar, of Saskatoon, Sask., to Henrietta, youngest daughter of the late Joseph Stirton, of Guelph, Ont. Mrs. MacVicar is a graduate of the Guelph G. H., and was Superintendent of the Victoria Hospital, Prince Albert, Sask., for a few years.

Dunn—Draper.—On December 2nd, 1907, by the Rev. V. I. Perry, of St. Thomas' Church, St. Catharines, Minnie E. Draper to Robert Dunn. Mr. and Mrs. Dunn will reside in St. Catharines.

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor, incomparably beneficial results can be secured by the administration of

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The Nurse's Library.

We have received and read with great interest the Report of the International Conference on Nursing at Paris last summer. We hope our readers will remember to send for a copy. It may be ordered from the *British Journal of Nursing*, London, England, and the price is two shillings.

The University Magazine, in the last number of the sixth volume, just issued, presents an attractive series of articles and two poems, one by Dr. John McCrae, and the other by Miss Pickthall, whose work has the true touch of genius, and is beautiful. Among the writers of the articles are Rudyard Kipling, Prof. W. J. Alexander, Prof. Fernow, and Dr. Andrew MacPhail, the editor, to whom, most of all, Canada owes the honor of possessing a review of the dignity and standing of *The University Magazine*.

A Text Book of Practical Gynaecology. For Practitioners and Students. By D. Tod Gilliam, M.D. Second, Revised Edition. Illustrated with 350 engravings, a colored frontispiece, and 13 full-page half-tone plates. 642 pages. $4.50. Philadelphia: F. A. Davis Co. Toronto: J. A. Carveth & Co.

One or more works of reference on Gynæcology should be in every nurses' library. The present volume is the outcome of a wide experience on the part of the author, one of the foremost gynæcologists of Ohio, and, indeed, of the United States. The present edition includes a good deal of new material, and an excellent index adds much to the value of the work as a book of reference.

Compend of Surgery. By Orville Horwitz, of Jefferson Medical College. Philadelphia: P. Blakiston's Son & Co.

This is a book of Surgery, including Minor Surgery and bandaging, and intended mainly for review purposes and for ready reference.

The Laws of Health. By David Nabarro. London: Edward Arnold. 1s. 6d.

The author, who is a professor in University College, London, and was till recently on the staff of the Evelina Hospital for Children, has prepared this text book for advanced pupils in elementary schools, and also for pupils in secondary schools. As a clear and useful account of the laws of health it forms an admirable text book, and should have a large circulation.

A Manual for Hospital Nurses. By Edward J. Domville. Philadelphia: P. Blakiston's Son & Co. Toronto: J. A. Carveth & Co.

This Manual has been a favorite one in Great Britain, having reached the ninth edition, and was prepared by the Surgeon of the Royal Devon and Exeter Hospital, Dr. Domville.

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The Nurse's Calendar

The Alumnae Association of the Toronto General Hospital Training School has issued a **Calendar for 1908** consisting of daily quotations from various authors. The object is to establish an emergency fund for sick nurses. The Calendar is gotten up in an attractive form in the school colors and will be **for sale early in December** at any of the Nurse's Homes.

Price 50 Cents

Diseases of Children. $2.00. By ROBERT S. MCCOMB, of the Children's Hospital of Philadelphia. Philadelphia and London: W. B. Saunders Co. Toronto: J. A. Carveth & Co.

Dr. McComb, while lecturing to the nurses in the Philadelphia Children's Hospital, felt the need of a text book on children's diseases, and has compiled from his lectures and from standard works a useful book dealing with Children's Diseases, Infant Feeding, Emergencies, Hygiene, Nursing. The book is well illustrated and well arranged.

Hospital Training School Methods and the Head Nurse. By CHARLOTTE A. AIKENS. Philadelphia and London: W. B. Saunders Co. Toronto: J. A. Carveth & Co.

The articles on "The Head Nurse" which appeared last year in THE CANADIAN NURSE, and were so much appreciated by our readers, are here republished, along with some seventeen chapters on training school methods. No one can write books on nursing as well as a nurse, and for this and many other reasons we heartily commend this book. It is a pioneer work, and it is characterized by practical ideas which have been worked out in wards and training schools work in different hospitals. All who are interested in hospitals and nursing should at once possess themselves of this book, which is the outcome of Miss Aikens' long and varied experience.

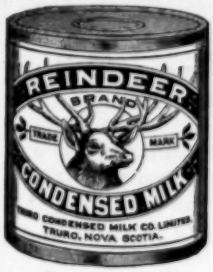
Maternity Nurses' Guide. By GERTRUDE C. MARKS. London: Bailliere, Tindall & Cox.

This is a convenient little book, intended as a pocket book of reference or daily guide for maternity nurses. The author was formerly connected with Queen Charlotte's Hospital, and holds certificates from the London Obstetrical Society and the Central Midwives' Board.

Obstetric Nursing. By W. REYNOLDS WILSON. Philadelphia and London: The W. B. Saunders Co. Toronto: J. A. Carveth & Co. $1.75.

This reference hand-book of obstetric nursing is intended chiefly for nurses who have made obstetric nursing more or less of a specialty. The author is visiting physician to the Philadelphia Lying-in Charity, and has prepared a book on this subject at once complete and practical.

THERE is a Resting Room and a Retiring Room in connection with the Women's Banking Office, at the Crown Bank of Canada, 34 King Street West, Toronto. A hearty invitation is extended to members of the nurses' profession all over Canada to make use of these rooms, both for themselves and for their friends or patients who may be passing through the city.



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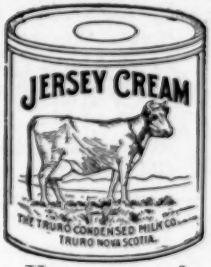

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